LA GOUTTE, LA NATURE ET SON TRAITEMENT. Par DR. W. EBSTEIN, Professeur de Médecine et Directeur de la Clinique Médicale, de l'Université de Göttingen. TRADUCTION du DR. E. CHAMBARD, Ancien Interne des Hôpitaux de Paris; INTRODUCTION du PROFESSEUR CHARCOT, Membre de l'Institut. Ouvrage orné de 12 chromo-lithographies. Paper, 8vo. pp. xii., 194. Paris: J. Rothschild, 1887.

THE typography, paper, illustrations, and general appearance of the French edition of Ebstein's well-known monograph are a credit to the publisher, and a source of pleasure to the reader. There is no more reason that scientific works should not gratify that sense of beauty which the student possesses in common with his fellowmen, than that the devil should have all the good music; but it is not often that a medical book, at least, is issued in the style of the one under review.

Charcot's introduction, which does not fill two pages, is simply a commendatory notice of author and translator, and a regret that the former has not been able to profit by Bouchard's recent lectures. The work is an elaborate and systematic study, divided into five books: The first devoted to an historical review; the second, to pathological anatomy; the third, to spontaneous and experimental gout in animals; the fourth, to the action of uric acid, its compounds, and analogues upon animal tissues and organs; the fifth, to human gout from a clinical standpoint.

The author considers the first step in the gouty lesion to be a process of necrosis occurring in fibrous tissues and cartilage from the poisonous action of soluble urates (neutral urate of soda), circulating in the blood in consequence of nutritive disturbances. At the points of necrosis crystallization of insoluble (acid) urates occurs, and the typical gouty deposit is formed. It is strenuously insisted upon again and again that "necrotising and necrotic foci" are primary, and "uratic deposits" secondary. While the production of uric acid is recognized as an error of nutrition, inherited predisposition is regarded as the principal factor; a slight departure from strict regimen may awaken the active disease in a predisposed subject, while great excess in another will not produce gout.

Instances of congenital pyrocatechinuria and cystinuria are adduced in support of the position that anomalies of excretive functions need not necessarily be due to errors of life. The muscles and the marrow of bones are looked upon as seats of uric acid formation. Localization of gouty processes is explained by the favorable conditions for the separation of uric acid from the nutritive fluids in the articulations, on account of sluggish circulation; these conditions being heightened at the extremities.

Of the two divisions, primary articular gout and primary renal gout, the former is considered by far the more common; the kidneys being affected late in the disease, or not at all. Secondary kidney affection is recognized as a cause of generalized uric acid stasis. Primary renal gout, more rare, is likewise more dangerous. It may run its course as a nephritis without articular complication to show its gouty nature. The diagnosis may be considered established if gouty manifestations occur late in the course of a pronounced nephritis.

The questions of the relations between saturnine intoxication and gout, and the possibility of nephritis as an intermediate state, are discussed but left undetermined. In this connection may be cited a remarkable case seen by the reviewer in the medical out-patient department of Jefferson Medical College Hospital, during the service of Prof. Bartholow, which exhibited in an anæmic poorly nourished painter of congenitally low type, enormous gouty concretions of urate of sodium, in most of the finger- and toe-joints, conjoined with a far advanced parenchymatous nephritis: an autopsy could not be obtained, but the history seemed to point to coincident development of articular and kidney disease.

To base the therapeutics of gout upon a proper apprehension of its exciting causes, Dr. Ebstein thinks it wise to study the history of generations and even entire races. We have to contend not with mere retention, but overproduction of uric acid. Strict regimen is necessary from the first, for all who inherit the gouty diathesis; for the non-appearance of typical attacks does not guarantee the annihilation of the tendency, which may manifest itself insidiously and obscurely. Obesity in a threatened individual must arouse the physician's watchfulness. The treatment of the obesity is an essential element in the treatment of gout. Diet should consist of enough albuminous matter, not only to conserve the provision of albumin in the organism, but to augment it—say 8 to 9 ounces of roast or boiled meat daily. Fatty food is not prohibited, but a sufficient quantity to aid nutrition is considered the best measure against obesity. As to character, the taste of the patient is to be consulted. The quantity should not exceed in general 2 to 4 ounces daily. Other hydrocarbons are to be avoided as much as possible; 3 to 4 ounces of bread constitute the extreme limit. Pared fruits and leguminous vegetables are permitted in reasonable amount. Turnips and similar vegetables are interdicted in most cases. Further than this, Sydenham's advice as to regime is followed. Absolute avoidance of beer is recommended. The use of wine is interdicted to the good liver, but not absolutely, if too much importance be attached to it, for the sake of securing obedience in other respects. Unless an attack supervenes, one or two glasses of light natural wine are permitted daily. The rather liberal use of water, as a broom to sweep out noxious materials, is recommended; especially natural Seltzer water, but not more than one bottle daily. Large quantities of alkalies are not advised, because the gouty tendencies are not susceptible of complete cure.

Certain palliatives, simple and harmless, are endorsed by experience; among them fruits, especially apples, containing vegetable acids combined with alkaline bases. Medication in general is avoided in the absence of special indications. Mineral waters are to be used, but not abused.

Regular exercise plays an important part in the prevention of gout; and when active exercise is not practicable, passive exercise—*i. e.*, frictions, massage, etc.—must be instituted. Journeys to the Alps of Switzerland and the Tyrol are of advantage. The claims of various spas and springs are considered carefully. Individual circumstances must modify balneotherapy. For the access of gout, the elevated position and regulation of diet are instinctively employed by the patient. As to medication, Ebstein places beside colchicum, the salicylates, especially the lithium salt. Colchicum must be prudently handled. Pain may be relieved by anodynes, especially morphine. The general indication is to secure elimination of uric acid as rapidly as possible. Complications are to be treated appropriately. In primary renal gout, general principles must guide the physician. The diathesis is to be combated, and tonic measures occupy a front rank. S. S. C.

THE PRACTITIONER'S HANDBOOK OF TREATMENT; OR THE PRINCIPLES OF THERAPEUTICS. By J. MILNER FOTHERGILL, M.D, Physician to the City of London Hospital for Diseases of the Chest, etc. Third American from the Third English Edition. 8vo. pp. 660. Philadelphia: Lea Brothers & Co., 1887.

No one can read this work without experiencing a feeling of pleasure, and if Dr. Fothergill contributed nothing else than his peculiarly fascinating style, the medical profession would still remain a debtor to him. But he does more than this. The character and scope of this work stamp him as a teacher in a sphere of medicine which is but little trod by other medical writers. In it he goes into the hidden nooks and byways of the therapeutic art, and discusses points which are of daily value to the student of medicine, but which are nowhere brought out so well and so practically as they are by him. It is as the author informs us in the preface, an effort "to analyze and elucidate the *modus operandi* of the measures in common use, and is a work on medical tactics for the bedside rather than the examination table."

Evidently Dr. Fothergill's strength lies principally in the direction of revivifying the practical points in medicine, but we think it is about time that the profession demands of those who write their text-books to give a clearer view of the pathology of many important diseases than has been their custom. We especially refer to the pathology of pulmonary consumption. There is no subject, perhaps, upon which authors are, as a rule, more conflicting in their statements than they are in their definition of tubercle. Dr. Fothergill is particularly loose in the language which he employs in describing its structure. He starts out (page 194) by condemning Laennec for teaching "that tubercle was a special growth," and then states that "tubercle is modified connective tissue—nothing more or less." This, according to the latest pathological researches is strictly true, and Dr. Fothergill would have done well had he stopped here; but in a few pages further on (page 197) he contradicts his previous definition by stating that "We must start off by the understanding that tubercle is but a modification of ordinary inflammatory products, not a true neoplasm."

The great sin of most medical writers is this habit of classifying the products of connective tissue, and of ordinary catarrhal inflammation of the lung under the name of tubercle. It is true that so far as their form is concerned, which may be tubercular or nodular, they may be called tubercle, but our opposition to such a practice is based on the fact that there are no two other pathological products so diversified in genesis and in structure as these, and hence for the sake of clearness, if for nothing else, the term which is used to define one should not be used to define the other. The former is commonly called the gray, and the latter the